

Best Available Copy

| CLAIMS ONLY | | | | | | SERIAL NO. | FILING DATE | | | |
|--------------|----------|------|------------------------|------|------------------------|--------------|-------------|------|------|------|
| | | | | | | APPLICANT(S) | | | | |
| CLAIMS | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | * | * | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | / | | | | | | 1 | | | |
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| 3 | / | | | | | | 1 | | | |
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| 8 | / | | | | | | 1 | | | |
| 9 | / | | | | | | 1 | | | |
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| 48 | / | | | | | | 1 | | | |
| 49 | / | | | | | | 1 | | | |
| 50 | / | | | | | | 1 | | | |
| TOTAL IND. | | | | | | | 2 | | | |
| TOTAL DEP. | | | | | | | 59 | | | |
| TOTAL CLAIMS | | | | | | | 60 | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS